

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011347

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1153

FILED MAR 19 1962

## 1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Kansas City**

Length of stay in lb  
**45 Yrs.**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Menorah Medical Center**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY  
OR  
TOWN **Kansas City**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **206 East 74th.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First **Joseph**

Middle

Last **Shnayerson**

## 4. DATE OF DEATH

Month **February** Day **24th** Year **1962**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

☒ Never Married ☐ Divorced ☐

## 8. DATE OF BIRTH

**7-14-95**

## 9. AGE (last birthday)

**Approx. 66**

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired Salesman**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Insurance**

## 11. BIRTHPLACE (City and state or country)

**Lithuania**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**Yeahla Shnayerson**

## 13b. MOTHER'S MAIDEN NAME

**Yuta Leah**

## 14. NAME OF HUSBAND OR WIFE

**Fannie Shnayerson**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

**Fannie Shnayerson, 206 E. 74 K.C. Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

**Pulmonary Edema**

### DUE TO (b)

**Coronary Occlusion**

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Diabetes**

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **1956** to **2-24-62** and last saw him alive on **2-24-62**

Death occurred at **11:05Pm** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

**M. L. Friedman M.D.**

**201 E 63 KC MO**

**2/25/62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 23b. DATE

**2/26/1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**MtCarmel Cemetery**

## 23d. LOCATION (City, town, or county)

**Kansas City, Missouri**

## 24. FUNERAL DIRECTOR

## ADDRESS

**J.P. Louis Funeral Home, K.C., Mo.**

## 25. DATE RECD. BY LOCAL REG.

**2-26-62**

## 26. REGISTRAR'S SIGNATURE

**Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

5/2/62

App. 66

8 & 9 7/14/95 & 66

DOCUMENT

BY AFFIDAVIT OF Funeral Director

M. L. Friedman

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Larry Ruffington  
Licensed Embalmer No. 2756

P. O. Address KCMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.